



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 23, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Smooth, 1640 'O' Street requesting a class C liquor license.

This location was previously known as Sidewinders which held a liquor license

David Bader, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David Bader was born in Lexington, Nebraska. He attended Elwood High School graduating in 2000.

David Bader employment history is as follows:

2008 - Present	Owner, Innovative Properties	Lincoln, NE.
2003 - 2008	Framer	Lincoln, NE.
2000 - 2003	Carpenter, Jorgensen Group	Hastings, NE.

Mr. Bader will complete the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Smooth

Street Address #1 1640 O Street

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68508

Premise Telephone number 402-261-8432

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name MC Home Solutions, LLC

Street Address #1 7210 Fairfax Avenue

Street Address #2 _____

City Lincoln

State NE

Zip Code 68505

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

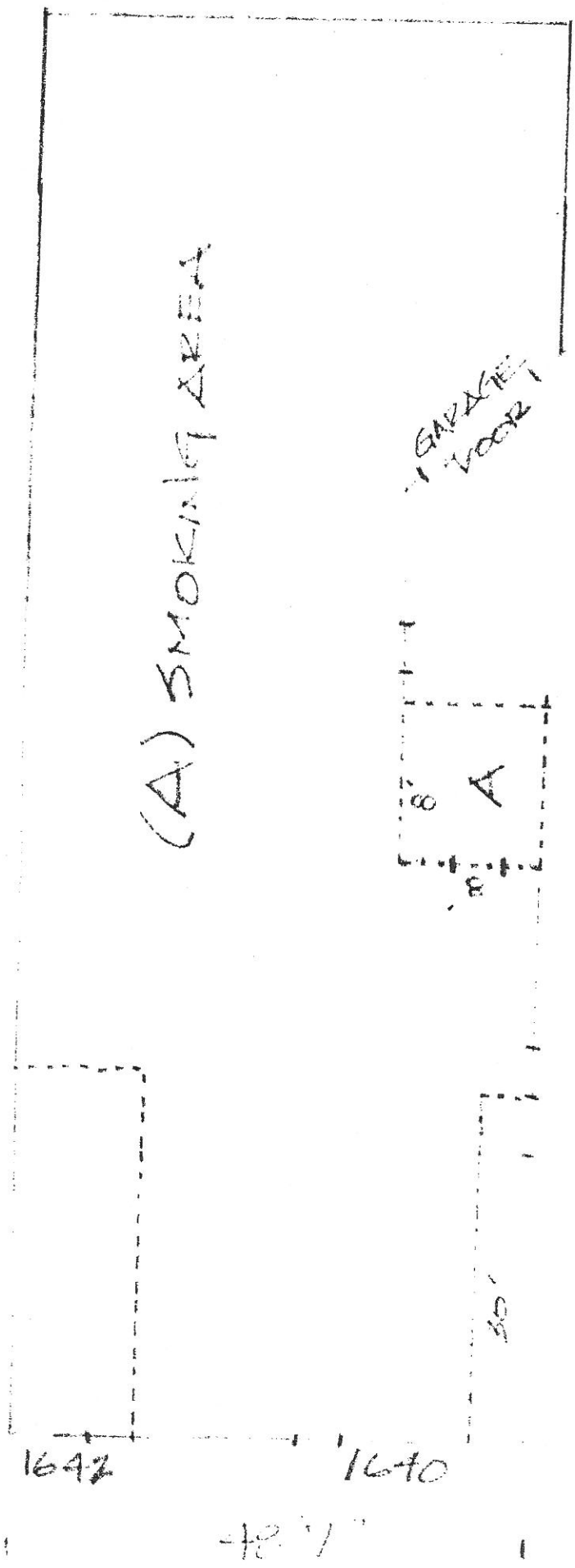
Provided as "Exhibit A" in attached Lease Agreement.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

III



(A) SMOKING AREA

GARAGE DOOR

A

164' 2"

164' 0"

30'

48' 7"

157'

71'

119' 4"

N

E

5

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

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CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
David Bader	08/2002	Lincoln, NE	Making a false statement to a police officer	Guilty by conviction
David Bader	05/2004	Seward, NE	DUI - 1st offense	Guilty by conviction

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) _____
MC Home solutions will be borrowing funds to establish and operate the business, however, no source information is available at this time.



NEBRASKA STATE PATROL

Criminal History Record

Dissemination Form



Receipt Number: 2012N0014914

Completed Date: 06 July 2012

Mailed Out: 06 July 2012

Requesting Agency/Individual

Requestor: DAVID BADER
Contact:
Address: 7210 FAIRFAX AVENUE

City, State Zip LINCOLN, NE 68505

Dissemination Agency/Individual

Company: DAVID BADER
Contact:
Address: 7210 FAIRFAX AVENUE

City, State Zip LINCOLN, NE 68505

SEE ATTACHED NEBRASKA RAP SHEET

Person Of Interest

Name

BADER, DAVID R

Date of Birth

Name Check Only: Positive identification
cannot be effective without the support of
finger prints.
NEBRASKA STATE PATROL

NOTE: Traffic infraction data available from:
NEBRASKA STATE DEPARTMENT OF MOTOR
VEHICLES
P.O.Box 94789 402-471-2281
Lincoln, NE 68509

NEBRASKA STATE PATROL
CRIMINAL RECORDS & IDENTIFICATION DIVISION
3800 NW 12th Suite A
Lincoln, NE 68521
by

Captain Kevin Knorr
Nebraska State Patrol Employee Signature



PATROL CRIMINAL HISTORY

NEBRASKA STATE PATROL
CRIMINAL IDENTIFICATION

P.O. BOX 94907
LINCOLN, NEBRASKA 68509

STATUTE 29-3522 PROHIBITS RELEASE OF ARREST INFORMATION IN EXCESS OF ONE YEAR IN DURATION UNLESS DISPOSITION INFORMATION PERTAINING TO THAT ARREST IS PROVIDED. THESE (THIS) ARE (IS) THE ONLY RECORD (S) IN OUR FILES MEETING STATUTORY REQUIREMENTS FOR RELEASE. FURTHER INFORMATION ON ARREST RECORD SHOULD BE OBTAINED FROM _____ COURT SYSTEM (S). NOTE: MINOR TRAFFIC INFRACTIONS NOT INCLUDED.

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED FROM NEBRASKA STATE PATROL - CID WHEN NEEDED FOR SUBSEQUENT USE. WHEN EXPLANATION OF AN ARREST OR DISPOSITION IS NEEDED COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED THE FINGERPRINTS.

"INFRCTN" - MEANS "INFRACTION" WHICH IS A VIOLATION OF ANY LAW, ORDINANCE, ORDER, RULE OR REGULATION THAT IS NOT A MISDEMEANOR, FELONY, OR TRAFFIC OFFENSE.

NAME	FELON	STATE ID
BADER, DAVID R	N	
FBI NO	DATE REQUESTED	SEX
	7/6/2012	MALE
DATE DECEASED	HEIGHT	WEIGHT
	6'2"	165
DATE DECEASED	EYES	HAIR
	BLUE	BROWN
PLACE OF BIRTH	PLACE OF CITIZENSHIP	
NEBRASKA	UNITED STATES OF AMERICA (USA)	



IDENTIFICATION COMMENTS

NCIC FINGERPRINT
00 00 00 00 00
00 00 00 00 00

ADDITIONAL IDENTIFIERS

ALIAS	STATE ID	FBI NO	SEX	RACE	DATE OF BIRTH
BADER, DAVID R			M	W	
BADER, DAVID R			M	W	

ARREST HISTORY

ARREST: 1	DATE: 7/14/2002	DCN:
AGENCY	CASE NUMBER	NAME USED
LINCOLN PD (NB0550100)		BADER, DAVID R

CHARGE DESCRIPTION	CLASSIFICATION
4803 MAKING FALSE REPORT(1)	MISDEMEANOR

COURT: COUNTY COURT LANCASTER(NB055013J)

COURT DISPOSITION DATE: 08/14/2002 13:51:46	DOCKET: (CITATION
CHARGE: 0004-MAKE FALSE STATEMENT TO POLICE OFFICER(1)		
DISPOSITION: GUILTY BY CONVICTION	CLASSIFICATION: MISDEMEANOR	
SENTENCE: COURT COST		
OTHER COURT PROVISION		

PARDON INFO

JUDGMENT
CITY 150.00 /



PATROL CRIMINAL HISTORY

ARREST: 2	DATE: 2/22/2004	DCN:
AGENCY	CASE NUMBER	NAME USED
SEWARD CO SO (NB0800000)	2004099	BADER, DAVID R

CHARGE DESCRIPTION	CLASSIFICATION
5404 DRIVING UNDER INFLUENCE LIQUOR(1)	MISDEMEANOR

COURT: COUNTY COURT SEWARD(NB080013J)

COURT DISPOSITION DATE: 05/26/2004 11:36:41	DOCKET:	CITATION:
CHARGE: 5404-DUI-1ST OFFENSE(1)		
DISPOSITION: GUILTY BY CONVICTION	CLASSIFICATION: MISDEMEANOR -W	
SENTENCE: PROBATION 9 MONTHS FINE 500 COURT COST		
OTHER COURT PROVISION		

PARDON INFO

JUDGMENT

2004-05-26 SUSPENSION TERM: 60 DAYS /
2004-05-26 PROBATION TERM: 9 MONTHS /
FINE 500.00 / LAB 25.00 / BRCO 75.00 / PAEF 30.00 / PFEE 225.00 / INTR / DRUG 45.00 /

CHARGE: 0004-NO PROOF OF INSURANCE(1)

DISPOSITION: COURT DISMISSAL	CLASSIFICATION: MISDEMEANOR -2
------------------------------	--------------------------------

SENTENCE: COURT COST

OTHER COURT PROVISION

PARDON INFO

JUDGMENT

CHARGE: 0004-SPEEDING 6-10 MPH COUNTY/STATE(1)

DISPOSITION: COURT DISMISSAL

CLASSIFICATION: INFRACTION

SENTENCE: COURT COST

OTHER COURT PROVISION

PARDON INFO

JUDGMENT

MISCELLANEOUS INFORMATION SCARS, MARKS, TATTOOS



PATROL CRIMINAL HISTORY

"INFRCTN" - MEANS "INFRACTION" WHICH IS A VIOLATION OF ANY LAW, ORDINANCE, ORDER, RULE OF REGULATION THAT IS NOT A MISDEMEANOR, FELONY, OR TRAFFIC OFFENSE.

THE USE OF THIS RECORD IS CONTROLLED BY STATE AND FEDERAL REGULATIONS. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAYBE USED ONLY FOR THIS PURPOSE.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: MC Home Solutions, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Smooth


Premise Street Address: 1640 O Street

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 402-261-8432

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license_search/licsearch.cgi



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Bader

First Name: David

MI: _____

Home Address (include PO Box if applicable): 7210 Fairfax Avenue

City: Lincoln

County: Lancaster

Zip Code: 68505

Home Phone Number: 308-325-6082

Business Phone Number: 308-325-6082

Social Security Number: _____

Drivers License Number & State: NE-

Date Of Birth: _____

Place Of Birth: Lexington, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____

First Name: _____

MI: _____

Social Security Number: _____

Drivers License Number & State: _____

Date Of Birth: _____

Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
7210 Fairfax Ave., Lincoln, NE 68505					
4103 Normal Blvd., Lincoln, NE 68506					
425 South 39th St., Lincoln, NE 68510					

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Manager's information must be completed below - PLEASE PRINT CLEARLY

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Gender: ☒ MALE

☐ FEMALE

Last Name: **Bader**

First Name: **David**

NEBRASKA LIQUOR
CONTROL COMMISSION

Home Address (include PO Box if applicable): **7210 Fairfax Avenue**

City: **Lincoln**

County: **Lancaster**

Zip Code: **68505**

Home Phone Number: _____

Business Phone Number: _____

Social Security Number: _____

Drivers License Number & State: **Neb.**

Date Of Birth: _____

Place Of Birth: **Lexington, Nebraska**

Are you married? ☒ YES, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
7210 Fairfax Ave., Lincoln, NE 68505	2005	present	N/A		
4103 Normal Blvd., Lincoln, NE 68506	2003	2004			
425 South 39th St., Lincoln, NE 68510	2002	2003			

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: David Bader

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

MC Home Solutions, LLC

MC HOME SOLUTIONS, LLC

101623

LLC Address: 7210 Fairfax Avenue

City: Lincoln

State: NE

Zip Code: 68505

LLC Phone Number: 308-325-6082

LLC Fax Number: N/A

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Bader

First Name: David

MI: _____

Home Address: 7210 Fairfax Avenue

City: Lincoln

State: NE

Zip Code: 68505

Home Phone Number: 308-325-6082



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

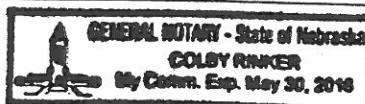
July 9th, 2012
Date

The foregoing instrument was acknowledged before me this

by David Bader

name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Bader First Name: David MI: Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Nebraska Certificate of Organization
of
MChomesolutions, llc

Article 1
Name

The name of the limited liability company is:

MChomesolutions, llc

Article 2
Management

The limited liability company shall be Member-Managed. Management of the limited liability company is vested in one or more members whose names and addresses are as follows:

David Bader
7210 Fairfax Ave.
Lincoln, NE 68505

Article 3
Registered Agent

The name and office address of the Registered Agent for service of process is:

David Bader
7210 Fairfax Ave.
Lincoln, NE 68505

Article 4
Purpose

The purpose for which the company is organized is to conduct any and all lawful business for which limited liability companies can be organized pursuant to Nebraska statute.

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Article 5
Designated Office

The street address of the initial designated office is:

7210 Fairfax Ave.
Lincoln, NE 68505

The mailing address is:

7210 Fairfax Ave.
Lincoln, NE 68505

Article 6
Liability

Pursuant to Nebraska statute, and all debts, obligations or other liabilities of MChomesolutions, llc are solely the responsibility of the limited liability company. Any manager, member, or organizer of MChomesolutions, llc is hereby not personally liable for such debts or liabilities solely by reason of their title.

Article 7
Contribution to Capital

The total amount of cash contributed to the stated capital of the company is: \$10,000.

Other property contributed that is not cash is: Equipment, and the total value of such property is: \$10,000.

Article 8
Additional Contributions

No additional contributions are agreed to be made by the members, unless the members vote to make additional contributions in accordance with the Limited Liability Company Operating Agreement.

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Article 9
Additional Members

Additional members may be added if all Members unanimously consent to such addition in accordance with the Limited Liability Company Operating Agreement.

Certificate
IN WITNESS THEREOF, the undersigned has executed these ~~Articles~~ *Articles* of Organization.
D.B.

Tuesday, June 05, 2012.



David Bader - Organizer

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